

Law Clerk Payroll Form

The Maryland Judiciary is an Equal Opportunity Employer
Please print or type all information.



Judge's Chambers Complete this section:

Secretary's Name & Phone number: _____ (____) _____
 Secretary's email address: _____

Judge/Designee's Signature: _____ Date: _____

☐ **New Appointment** Start Date: _____

☐ **Transfer to/from another Judge** Effective Date: _____

☐ **Separation** Last Day of Employment: _____

(Once this form is completed, the Law Clerk's pay will end on this date. Any health benefits will continue through the end of the time period covered by their last premium deduction.)

PERSONAL IDENTIFICATION DATA (to be completed by the Law Clerk, for all transactions): This information is required in order to place employees on the State of Maryland Judiciary payroll. Proof of employment eligibility will be required.

Name: _____ Social Security No.: _____ - _____ - _____
 First MI Last

Date of Birth: _____ / _____ / _____ Home Phone (____) _____

Home Address (Street and Number): _____

City, County, State & Zip Code: _____
 City County State Zip

Email address: _____

Law School Graduate: _____ No--anticipated graduation date _____ Yes (If yes, attach proof)

Maryland Bar Member: _____ No Yes (If yes, attach bar certificate copy)

Currently a State Employee: _____ No Yes (If yes, attach copy of pay stub)

Currently a member of the State Retirement System: _____ No Yes
 (See instructions on reverse side)

WHICH JUDGE WILL YOU Be WORKING FOR: Judge's Name _____

Please Circle One: Appellate Court Circuit Court District Court

Are you transferring employment from one Maryland Judge to another? _____ Yes _____ No

Previous Judge's name: _____

I understand that my Judiciary Law Clerk appointment is for **one term**. Reappointment to an additional term is at the discretion of the Judge/Administrative Judge. I understand that I will serve at the pleasure of the Judge, and that my employment may be terminated at any time.

Law Clerk Signature: _____ Date: _____

HR Use Only:

PIN: _____ Confirm Start Date: _____

Salary: _____ Confirm End Date: _____

Return completed form to the Office of Employment Services

(See the reverse side for instructions in completing the form.)